

2023

**RITN Tabletop Exercise (TTX)
Situation Manual (SitMan)**



PREFACE

There are two options for how your organization completes the RITN Tabletop Exercise in 2023; the first is to participate in a web-based exercise facilitated by the Mier Group and the RITN Control Cell. The second option is to conduct the exercise independently, as you have in the past. We encourage you to participate in the web-based exercise, if convenient. If you plan to participate in the web-based exercise, please register for one of the six sessions through this link by June 16, 2023 [Registration - 2023 RITN Online Tabletop Exercise](#). If you plan to coordinate the exercise yourself, please use these materials to coordinate and conduct your exercise and then submit the answers to the questions in this packet.

If participating in one of the web-based TTXs **answers must be submitted within 3 days** from the exercise to receive credit. For centers conducting the exercise on their own, answers must be submitted by **August 31, 2023**. Only one person should submit answers for each RITN center. The web link for answer submission is:

<https://www.surveymonkey.com/r/2023TTX>

EXERCISE PARTICIPANTS

This exercise should be completed with a group of appropriate staff members. To determine exercises participants the **RITN Coordinator should work with hospital emergency management staff to review the exercise materials** and identify what departments/organizations would be required.

EXERCISE OVERVIEW

Exercise Name	2023 RITN Tabletop Exercise (TTX)			
Web Based Exercise Dates --- <i>Registration Required</i>		Eastern Time	Central Time	Pacific Time
	June 23, 2023	Start: 11:00AM End: 1:00PM	Start: 10:00AM End: 12:00AM	Start: 8:00AM End: 10:00AM
	July 18, 2023	Start: 3:00PM End: 5:00PM	Start: 2:00PM End: 4:00PM	Start: 12:00PM End: 2:00PM
	July 27, 2023	Start: 2:00PM End: 4:00PM	Start: 1:00PM End: 3:00PM	Start: 11:00AM End: 1:00PM
	August 8, 2023	Start: 11:00AM End: 1:00PM	Start: 10:00AM End: 12:00AM	Start: 8:00AM End: 10:00AM
	August 9, 2023	Start: 11:00AM End: 1:00PM	Start: 10:00AM End: 12:00AM	Start: 8:00AM End: 10:00AM
	August 9, 2023	Start: 3:00PM End: 5:00PM	Start: 2:00PM End: 4:00PM	Start: 12:00PM End: 2:00PM
	August 16, 2023	Start: 11:00AM End: 1:00PM	Start: 10:00AM End: 12:00AM	Start: 8:00AM End: 10:00AM
HPP Capabilities	Medical Surge			
Threat or Hazard	Radiological			
Scenario	Medical surge from a distant radiological incident			
Sponsors	Radiation Injury Treatment Network (RITN) Office of Naval Research (ONR)			
Point of Contact	RITN Control Cell RITN@nmdp.org (612)884-8276			

GENERAL INFORMATION

Exercise Objectives and Core Capabilities

The following exercise learning objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to Healthcare Preparedness Program (HPP) capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned HPP capabilities were selected by the Exercise Planning Team.

Table 1. Exercise Objectives and Associated HPP Capabilities

Exercise Objective	HPP Capability
Objective 1: RITN Hospital staff can determine their hospital's capability to receive casualties (inpatient and outpatient) through the National Disaster Medical System (NDMS) following a mass casualty radiological incident.	Medical Surge
Objective 2: RITN hospital staff can identify staff, equipment, and other resource needs to support patients receiving outpatient care.	Medical Surge

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

Players. Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.

Observers. Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.

Facilitators. Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also serve as subject matter experts (SMEs) during the exercise.

Evaluators. Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.

Exercise Structure

This exercise will be a facilitated exercise. Players will participate in the following modules:

- Module 1: Completing the RITN Capabilities Report
- Module 2: Outpatient Planning

Exercise Guidelines

This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.

Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.

Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.

Issue identification is not as valuable as suggestions and recommended actions that could improve response efforts. Problem-solving efforts should be the focus.

Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

The exercise scenario is plausible and events occur as they are presented.

The scenario may not have all the information that you feel is necessary to provide a fully informed response. Please attempt to formulate your responses based on the information provided.

Exercise Evaluation

Players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

EXERCISE VENUE QUESTIONS

1. Contact information of person submitting answers to RITN exercise questions.
2. Select your RITN center.
3. What TTX session did you participate in?
4. How many people participated in your exercise?

EXERCISE SCENARIO

- A 10 kiloton improvised nuclear device (IND) was detonated yesterday approximately 500 miles away from your facility. There is no threat of fallout around your facility and no interruptions to major utilities.
- RITN Control Cell staff begin to monitor the situation and start sending out daily situation reports (SitReps) to hospitals.
- RITN hospitals have been requested to start completing their capabilities report and submitting it daily using the RITN Portal.

Scenario Assumptions

- Hospitals should use their current census numbers when completing their capabilities report.

MODULE 1: CAPABILITIES REPORT

Discussion Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

Questions 6-23 must be submitted through the RITN Portal and will not be included as part of the exercise survey.

6. # staffed Adult Hem/Onc beds (Now)
7. # staffed Adult Hem/Onc beds (24)
8. # staffed Peds Hem/Onc beds (Now)
9. # staffed Peds Hem/Onc beds (24)
10. # staffed Adult BMT-type beds (Now)
11. # staffed Adult BMT-type beds (24)
12. # staffed Peds BMT-type beds (Now)
13. # staffed Peds BMT-type beds (24)
14. Outpatient Supportive Care Capability – Adult
15. Outpatient Supportive Care Capability – Peds
16. # G-CSF: 300mcg/mL Filgrastim (Neupogen or Granix) Doses Available
17. # G-CSF: 480mcg/1.6 mL Filgrastim (Neupogen or Granix) Doses Available
18. # G-CSF: 6mg/0.6 mL Pegylated (Neulasta®) Doses Available
19. # GM-CSF: 250mcg/mL Sargramostim (Leukine) Doses Available
20. # GM-CSF: 500mcg/mL Sargramostim (Leukine) Doses Available
21. # 125mcg/0.4 mL Romiplostim (Nplate) Doses Available
22. # 250mcg/0.72 mL Romiplostim (Nplate) Doses Available
23. # 500mcg/1.2 mL Romiplostim (Nplate) Doses Available

24. Rate the level of difficulty in completing the RITN Capabilities report in the RITN Portal.

25. What challenges did you have in completing the report?

26. Who is responsible for completing and submitting the capabilities report for your hospital?

27. What additional teams/departments provide input while completing the report?

28. Is your hospital part of any of the following:
 - a. National Disaster Medical System (NDMS)?
 - b. American Burn Association (ABA)?

29. If yes, how does your hospital deconflict double counting of beds that may be counted as part of either the NDMS or ABA bed reports?

MODULE 2: Outpatient Planning

Discussion Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

30. How does your hospital calculate the number of outpatients you're able to care for? What factors affect this capability the most?
31. Does your hospital have literature preidentified that can be provided to families that provides education regarding radiation exposure, what to watch-for in the following days/weeks, long term concerns, etc?
32. Where will outpatients receive daily check ups and lab draws if required (e.g. main hospital, outpatient clinic, hotel, etc)?
33. Does your hospital currently have a plan/annex that specifically addresses the following issues related to supporting outpatient care:
 - a. Housing
 - b. Transportation
 - c. Mental health and psychosocial support
 - d. Family assistance
34. Has your hospital developed a list of screening questions or identified the types of information that should be collected by social workers/behavioral health teams?

APPENDIX A: ACRONYMS

Acronym	Term
AAR	After Action Report
ABA	American Burn Association
ARS	Acute Radiation Syndrome
CBC	Complete Blood Count
Gy	Gray
HLA	Human Leukocyte Antigen
HPP	Hospital Preparedness Program
IND	Improvised Nuclear Device
NMDP	National Marrow Donor Program
NDMS	National Disaster Medical System
ONR	Office of Naval Research
RITN	Radiation Injury Treatment Network
SitMan	Situation Manual
SME	Subject Matter Expert
TTX	Tabletop Exercise

APPENDIX B: REFERENCES

Encourage exercise participants to review the following before the exercise:

RITN Training Materials:

<http://ritn.net/Training/>

RITN Portal:

A how to guide and descriptions for the data captured as part of the capabilities report can be found on the hospital landing page under the Capabilities header.

<https://nmdpbtm.sharepoint.com/sites/RITNPortal>

